

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599532

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2				1		1
3				2		1
4				1		1
5				1		1
6				1		1
7			1		1	
8				2		1
9				2		1
10				2		1
11				2		1
12				1		1
13				1		1
14				2		1
15				1		1
16				1		1
17				1		1
18				1		1
19				1		1
20				1		1
21				1		1
22				1		1
23			1		1	
24				1		1
25				2		1
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50						
TOTAL IND.		↓	3	↓	3	↓
TOTAL DEP.		←	29	←	22	←
TOTAL CLAIMS			32		25	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						